



EMPLOYEE GRIEVANCE FORM

NAME: _____ DATE: _____ FACILITY: _____

STEP 1. Fill out form and give to immediate supervisor.

Grievance: _____

Settlement requested: _____

Employee's Signature Date _____

=====

Supervisor's Response: _____

Supervisor's Signature Date _____

Response accepted
Response not accepted
(Grievance now goes to Appropriate Administrator)

Employee's Signature Date _____